Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Roche Diagnostics Corporation PAC (Roche DxPAC) Roche ADDRESS (number and street) 9115 Hague Rd (Check if address is changed) Indianapolis 46256 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS washington.dxpac@roche.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2021 C00072769 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Cagle, Taylor, , , Type or Print Name of Treasurer Cagle, Taylor, , , [Electronically Filed] 80 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na	ame		
Roche Diagno	ostics Corporation Pa	AC (Roche DxP	AC)
6. Name of Any Connected	d Organization, Affiliated Committee,	Joint Fundraising Representa	tive, or Leadership PAC Sponsor
Roche Diagnostics (Corporation		
Mailing Address	9115 Hague Road		
-			
	Indianapolis	IN IN	46256
	CITY	STAT	E ZIP CODE
Relationship: Connec	cted Organization Affiliated Committe	e Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Records: le books and records. 	dentify by name, address (phone number	er optional) and position of th	ne person in possession of committee
Cagle, Full Name	Taylor, , ,		
Mailing Address	9115 Hague Rd.		
	Indianapolis	IN IN	
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number	317 - 946 - 8159
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional ., assistant treasurer).) of the treasurer of the commi	ttee; and the name and address of
Full Name Cagle, of Treasurer	Taylor, , ,		
Mailing Address	9115 Hague Rd.		
	Indianapolis		46256
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	317 - 946 - 8159

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Full Name of Designated Agent	Poole, Robyn, A., ,	
Mailing Address	9115 Hague Rd.	
	Indianapolis IN 46256 CITY STATE ZI	P CODE
Title or Position Assistant Treasu	urer	3 - 4080
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds. Depository, etc.	accounts, IGIIC
	Citibank One Penns Way	
Mailing Address	Citibank One Penns Way	
Mailing Address		
Mailing Address	One Penns Way New Castle DE 19720	IP CODE
Mailing Address Name of Bank, D	One Penns Way New Castle CITY STATE ZI	IP CODE
	One Penns Way New Castle CITY STATE ZI	IP CODE
	One Penns Way New Castle CITY STATE ZI	IP CODE
Name of Bank, D	One Penns Way New Castle CITY STATE ZI	IP CODE
Name of Bank, D	One Penns Way New Castle CITY STATE ZI	IP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin	g Participant:		
~(g)	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	or Leadershin PAC Sponsor
٥.		olitical Action Committee (GenenPAC		,, o
	Mailing Address	1 DNA Way		
	Ü	MS355A		
		South San Francisco	, CA	94080
	Relationship:			
		CITY A	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
	Full Name	CITY A	lephone Number	
	Full Name	CITY CITY Te	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY CITY Te	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY CITY Te	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Te	lephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Te	lephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
Mailing Address	3737 Market Street		
	Suite 1300		
	Philadelphia	PA PA	19104
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Spo
		Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identify		Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify		Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify		Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailame of Bank, Depository, etc.	composition of the position of	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail	composition of the position of	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailame of Bank, Depository, etc.	composition of the position of	STATE A lephone Number	ZIP CODE A